



VISITING NURSE ASSOCIATION OF ERIE COUNTY

HOME HEALTH CARE AND HOSPICE... THERE WHEN YOU NEED US

1305 PEACH STREET

ERIE, PA 16501

TEL: 814.454.2831

FAX: 814.453.5357

Use this form to indicate your gift to the Visiting Nurse Association of Erie County through a bequest in your will. Please print out the form, complete it and send it to: VNA Development Office, 1305 Peach Street, Erie, PA 16501.

STANDARD BEQUEST FORM

Name _____

Address _____

Date of Birth _____ Phone _____

Type of Provision

Estimated Amount or %

I have made provision for the Visiting Nurse Association of Erie County in my estate planning as follows:

A. Outright bequest in my will. \$ _____

B. Provision in the will of the survivor of my (husband)(wife) and myself (Spouse's name and date of birth: _____, _____/_____/_____.) \$ _____

C. Life Insurance Policy. \$ _____

D. Trust under my will with the Visiting Nurse Association the final beneficiary (Please include date of birth of income beneficiaries, or describe other conditions.): _____ \$ _____

E. Other (Please describe): _____ \$ _____

Total: \$ _____

(Attachments or letters which further describe the nature of the above provision(s) are welcomed in addition to a copy of that section of the will or trust in which the VNA is mentioned.)

In the event of unforeseen circumstances which require any further change in the above estate planning provision(s) I agree to notify the Visiting Nurse Association of Erie County of such change.

Date _____ Signature _____